

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: New Bern Yard Waste Facility Permit: 2506-COMPOST-1991 ID: P0495

Facility Website (URL): _____

Physical Address		Mailing Address	
Street 1: <u>1803 Country Club Road</u>		Street 1: <u>PO Box 1129</u>	
Street 2: _____		Street 2: _____	
City: <u>New Bern</u>	County: <u>Craven</u>	City: <u>New Bern</u>	
State: <u>North Carolina</u>	Zip: <u>28560</u>	State: <u>North Carolina</u>	Zip: <u>28560</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Mark Stephens</u>		Name: <u>David Cox</u>	
Phone: <u>(252) 639-7501</u>	Fax: <u>(252) 636-1848</u>	Phone: <u>(252) 639-7521</u>	Fax: <u>(252) 636-1848</u>
Email: <u>stephensm@newbern-nc.org</u>		Email: <u>coxd@newbern-nc.org</u>	

1. Tipping Fee: \$ _____ per Ton (Attach a schedule of tipping fees if appropriate.)
2. Please attach results of monthly temperature monitoring for the period of July 1, 2011 thru June 30, 2012.
3. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2011 thru June 30, 2012. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months, whichever comes first."**
4. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	<input checked="" type="checkbox"/>	9,259	9,259	
Clean Wood	<input checked="" type="checkbox"/>	1,803	1,803	
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input checked="" type="checkbox"/>	205	205	
Food Waste	<input type="checkbox"/>			
Animal Waste	<input type="checkbox"/>			
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input type="checkbox"/>			
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
TOTAL		11,267	11,267	

5. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch							
Grade A Compost							
Grade B Compost							
Other Fuel Chip	11,267	0	5,523	0	5,744	0	
Other							
TOTAL	11,267	0	5,523	0	5,744	0	

6. Indicate waste received at this compost facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE if received from another state.

[illegible]

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

Grand Total	19,452.00
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If so, please report the date this occurred:

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please send your completed report to:

Ray Williams
127 Cardinal Drive Ext.
Wilmington, NC 28405
phone: 252.948.3955 email: Ray.Williams@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: 7/27/2012

Name: David Cox

Title: Waste Collection Superintendent

Phone Number: (252) 639-7521

Email: coxd@newbern-nc.org